



# ANNUAL STATEMENT

For the Year Ending December 31, 2018  
OF THE CONDITION AND AFFAIRS OF THE

## Meridian Health Plan of Michigan, Inc.

NAIC Group Code	01199	4640	NAIC Company Code	52563	Employer's ID Number	38-3253977
	(current period)	(prior period)				
Organized under the Laws of	Michigan			State of Domicile or Port of Entry	MI	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health [ ] Dental Service Corporation [ ] Other [ ]		Property/Casualty[ ] Vision Service Corporation [ ] Is HMO Federally Qualified? Yes[X] No[ ] N/A[ ]		Hospital, Medical & Dental Service or Indemnity[ ] Health Maintenance Organization [X]	
Incorporated/Organized	09/18/1995			Commenced Business	12/31/1995	
Statutory Home Office	1 Campus Martius, Suite 700 (Street and Number)			Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)		
Main Administrative Office	1 Campus Martius, Suite 700 (Street and Number)					
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			(313)324-3700 (Area Code)(Telephone Number)		
Mail Address	P.O. Box 31391 (Street and Number or P.O. Box)			Tampa, FL US 33631-3391 (City or Town, State, Country and Zip Code)		
Primary Location of Books and Records	1 Campus Martius, Suite 700 (Street and Number)					
	Detroit, MI, US 48226 (City or Town, State, Country and Zip Code)			(313)324-3700 (Area Code)(Telephone Number)		
Internet Website Address	www.mhplan.com					
Statutory Statement Contact	Andrea Edwards Watroba (Name)			(313)324-3700 (Area Code)(Telephone Number)(Extension)		
	andrea.watroba@mhplan.com (E-Mail Address)			(313)309-8547 (Fax Number)		

### OFFICERS

Name	Title
Sean Peter Kendall	President
Richard Charles Fisher	VP, CFO
Michael Troy Meyer	VP, CAO, Assistant Treasurer
Goran Jankovic	VP, Treasurer
Michael Warren Haber	VP, Secretary
Tammy Lynn Meyer	VP, Assistant Treasurer

### OTHERS

### DIRECTORS OR TRUSTEES

Andrew Lynn Asher  
Karie Enid Pasternak

Michael Troy Meyer

State of Michigan

County of Wayne ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)	(Signature)	(Signature)
Sean Peter Kendall	Richard Charles Fisher	Michael Troy Meyer
(Printed Name)	(Printed Name)	(Printed Name)
1.	2.	3.
President	VP, CFO	VP, CAO, Assistant Treasurer
(Title)	(Title)	(Title)

Subscribed and sworn to before me this

day of 2019

a. Is this an original filing? Yes[X] No[ ]

b. If no: 1. State the amendment number 0  
2. Date filed  
3. Number of pages attached 0

(Notary Public Signature)

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1	2	3	4	5	6	7
Name of Debtor	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	Admitted
0199999 TOTAL Individuals .....	.....	.....	.....	.....	.....	.....
0299998 Premiums due and unpaid not individually listed .....	.....	.....	.....	.....	.....	.....
0299999 TOTAL Group .....	.....	.....	.....	.....	.....	.....
0399999 Premiums due and unpaid from Medicare entities .....	46,542	.....	.....	.....	.....	46,542
0499999 Premiums due and unpaid from Medicaid entities .....	24,857,668	441,042	116,307	3,913,595	.....	29,328,612
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) ..	24,904,210	441,042	116,307	3,913,595	.....	29,375,154

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Pharmaceutical Rebate Receivables						
Meridiain Rx Pharmacy Rebate Receivable .....	3,719,104	3,455,984		2,865,434	2,865,434	7,175,088
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....						
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	3,719,104	3,455,984		2,865,434	2,865,434	7,175,088
0299998 Claim Overpayment Receivables - Not Individually Listed .....						
0299999 Subtotal - Claim Overpayment Receivables .....						
0399998 Loans and Advances to Providers - Not Individually Listed .....						
0399999 Subtotal - Loans and Advances to Providers .....						
0499998 Capitation Arrangement Receivables - Not Individually Listed .....						
0499999 Subtotal - Capitation Arrangement Receivables .....						
Risk Sharing Receivables						
Care Management Shared Savings Reserve Receivables .....	16,216,465	4,002,352				20,218,817
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....	16,216,465	4,002,352				20,218,817
Other Receivables						
State of Michigan Receivable .....	4,434,621			1,171,808		5,606,429
Dental Claim Refund Receivable .....				877	877	
Medical Claim Refund Receivable .....				17,395	17,395	
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....	4,434,621			1,190,080	18,272	5,606,429
0799999 Gross health care receivables .....	24,370,190	7,458,336		4,055,514	2,883,706	33,000,334

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

		Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
		1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables in Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
Type of Health Care Receivable							
1.	Pharmaceutical rebate receivables .....	3,676,786	4,466,597		10,040,522	3,676,786	3,729,239
2.	Claim overpayment receivables .....						
3.	Loans and advances to providers .....						
4.	Capitation arrangement receivables .....						
5.	Risk sharing receivables .....	10,094,094			20,218,817	10,094,094	24,875,544
6.	Other health care receivables .....	11,386,287	53,934,154	18,272	5,606,429	11,404,559	11,404,561
7.	TOTALS (Lines 1 through 6) .....	25,157,167	58,400,751	18,272	35,865,768	25,175,439	40,009,344

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)  
Aging Analysis of Unpaid Claims

1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....						
0399999 Aggregate Accounts Not Individually Listed - Covered .....	44,465,793	2,370,673	2,566,149	1,836,147	20,032,469	71,271,231
0499999 Subtotals .....	44,465,793	2,370,673	2,566,149	1,836,147	20,032,469	71,271,231
0599999 Unreported claims and other claim reserves .....						155,010,279
0699999 TOTAL Amounts Withheld .....						
0799999 TOTAL Claims Unpaid .....						226,281,510
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....						9,379,675

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2	3	4	5	6	Admitted	
	1 - 30 Days	31 - 60 Days	61 - 90 Days	Over 90 Days	Nonadmitted	7 Current	8 Non-Current
	NONE						
0399999 TOTAL Gross Amounts Receivable .....	.....	.....	.....	.....	.....	.....	.....

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
Individually Listed Payables				
Caidan Management Company, LLC .....		2,824,341	2,824,341	
0199999 Total - Individually Listed Payables .....	X X X .....	2,824,341	2,824,341	
0299999 Payables not Individually Listed .....	X X X .....			
0399999 TOTAL Gross Payables .....	X X X .....	2,824,341	2,824,341	

NONE			
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<b>N O N E</b>				
9999999 TOTALS .....	.....	..... XXX .....	..... XXX .....	..... XXX .....

	NONE				
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N O N E				
9999999 TOTALS .....	.....	..... X X X .....	..... X X X .....	..... X X X .....



EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

		1	2	3	4	5	6
Description		Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1.	Administrative furniture and equipment .....	.....	.....	.....	.....	.....	.....
2.	Medical furniture, equipment and fixtures .....	N O N E		.....	.....	.....	.....
3.	Pharmaceuticals and surgical supplies .....			.....	.....	.....	.....
4.	Durable medical equipment .....			.....	.....	.....	.....
5.	Other property and equipment .....			.....	.....	.....	.....
6.	TOTAL .....	.....	.....	.....	.....	.....	.....



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF INDIANA DURING THE YEAR  
NAIC Group Code 1199 NAIC Company Code 52563

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter	1							1		
4. Third Quarter	1							1		
5. Current Year	1							1		
6. Current Year Member Months	11							11		
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)	8,827							8,827		
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	8,827							8,827		
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	12,135							12,135		
18. Amount Incurred for Provision of Health Care Services	12,135							12,135		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....8,827



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR  
NAIC Group Code 1199 NAIC Company Code 52563

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year										
2. First Quarter										
3. Second Quarter										
4. Third Quarter										
5. Current Year										
6. Current Year Member Months										
TOTAL Member Ambulatory Encounters for Year:										
7. Physician										
8. Non-Physician										
9. TOTAL										
10. Hospital Patient Days Incurred										
11. Number of Inpatient Admissions										
12. Health Premiums Written (b)										
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned										
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services										
18. Amount Incurred for Provision of Health Care Services										

NONE

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR  
NAIC Group Code 1199 NAIC Company Code 52563

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	517,288	5,261						12,625	499,402	
2. First Quarter .....	508,403	6,047						16,415	485,941	
3. Second Quarter .....	525,499	5,351						17,488	502,660	
4. Third Quarter .....	530,343	5,038						18,602	506,703	
5. Current Year .....	519,007	4,682						19,131	495,194	
6. Current Year Member Months .....	6,289,358	64,935						211,053	6,013,370	
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	5,847,600	22,197						412,093	5,413,310	
8. Non-Physician .....	6,093,195	11,806						648,074	5,433,315	
9. TOTAL .....	11,940,795	34,003						1,060,167	10,846,625	
10. Hospital Patient Days Incurred .....	224,180	841						28,447	194,892	
11. Number of Inpatient Admissions .....	56,639	184						4,663	51,792	
12. Health Premiums Written (b) .....	1,934,690,543	17,788,084						248,747,490	1,668,154,969	
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,934,690,543	17,788,084						248,747,490	1,668,154,969	
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,788,559,669	11,808,206						181,527,197	1,595,224,266	
18. Amount Incurred for Provision of Health Care Services .....	1,791,981,793	11,323,412						190,320,893	1,590,337,488	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....248,747,490



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF OHIO DURING THE YEAR  
NAIC Group Code 1199 NAIC Company Code 52563

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefits Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	50							50		
2. First Quarter .....	248							248		
3. Second Quarter .....	279							279		
4. Third Quarter .....	339							339		
5. Current Year .....	365							365		
6. Current Year Member Months .....	3,544							3,544		
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	2,586,230							2,586,230		
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	2,586,230							2,586,230		
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,926,120							1,926,120		
18. Amount Incurred for Provision of Health Care Services .....	1,926,120							1,926,120		

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....2,586,230



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION:  
BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR  
NAIC Group Code 1199 NAIC Company Code 52563

	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
TOTAL Members at end of:										
1. Prior Year	517,338	5,261						12,675	499,402	
2. First Quarter	508,651	6,047						16,663	485,941	
3. Second Quarter	525,779	5,351						17,768	502,660	
4. Third Quarter	530,683	5,038						18,942	506,703	
5. Current Year	519,373	4,682						19,497	495,194	
6. Current Year Member Months	6,292,913	64,935						214,608	6,013,370	
TOTAL Member Ambulatory Encounters for Year:										
7. Physician	5,847,600	22,197						412,093	5,413,310	
8. Non-Physician	6,093,195	11,806						648,074	5,433,315	
9. TOTAL	11,940,795	34,003						1,060,167	10,846,625	
10. Hospital Patient Days Incurred	224,180	841						28,447	194,892	
11. Number of Inpatient Admissions	56,639	184						4,663	51,792	
12. Health Premiums Written (b)	1,937,285,600	17,788,084						251,342,547	1,668,154,969	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	1,937,285,600	17,788,084						251,342,547	1,668,154,969	
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	1,790,497,924	11,808,206						183,465,452	1,595,224,266	
18. Amount Incurred for Provision of Health Care Services	1,793,920,048	11,323,412						192,259,148	1,590,337,488	

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.  
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....251,342,547

30 Grand Total

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Effective Date	Name of Reinsured	Domiciliary Jurisdiction	Type of Reinsurance Assumed	Type of Business Assumed	Premiums	Unearned Premiums	Reserve Liability Other Than for Unearned Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
NONE												
9999999 Total (Sum of 0799999 and 1099999) .....							.....	.....	.....	.....	.....	.....

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....					.....	.....
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
11835 ....	04-1590940 ...	07/01/2015	PARTNERRE AMER INS CO .....	DE .....	172,855 .....	.....
11835 ....	04-1590940 ...	07/01/2016	PARTNERRE AMER INS CO .....	DE .....	1,120,450 .....	.....
11835 ....	04-1590940 ...	07/01/2017	PARTNERRE AMER INS CO .....	DE .....	2,227,534 .....	.....
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....					3,520,839 .....	.....
2199999 Total - Accident and Health - Non-Affiliates .....					3,520,839 .....	.....
2299999 Total - Accident and Health .....					3,520,839 .....	.....
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....					3,520,839 .....	.....
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....					.....	.....
9999999 Total (Sum of 1199999 and 2299999) .....					3,520,839 .....	.....



SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	Outstanding Surplus Relief		13	14
										11	12		
NAIC Company Code	ID Number	Effective Date	Name of Company	Domiciliary Jurisdiction	Type of Reinsurance Ceded	Type of Business Ceded	Premiums	Unearned Premiums (Estimated)	Reserve Credit Taken Other than for Unearned Premiums	Current Year	Prior Year	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates													
11835	04-1590940	07/01/2017	PARTNERRE AMER INS CO	DE	SSL/I	MR	40,478						
11835	04-1590940	07/01/2017	PARTNERRE AMER INS CO	DE	SSL/I	MC	1,186,095						
11835	04-1590940	01/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	CMM	217,705						
11835	04-1590940	07/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	MR	54,639						
11835	04-1590940	07/01/2018	PARTNERRE AMER INS CO	DE	SSL/I	MC	1,438,560						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							2,937,477						
1099999 Total - General Account - Authorized - Non-Affiliates							2,937,477						
1199999 Total - General Account Authorized							2,937,477						
3499999 Total - General Account - Authorized, Unauthorized and Certified							2,937,477						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							2,937,477						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							2,937,477						

34 Schedule S - Part 4 ..... NONE

35 Schedule S - Part 5 ..... NONE

SCHEDULE S - PART 6  
Five-Year Exhibit of Reinsurance Ceded Business  
(\$000 Omitted)

	1 2018	2 2017	3 2016	4 2015	5 2014
A. OPERATIONS ITEMS					
1. Premiums .....	218	240	56	1	
2. Title XVIII-Medicare .....	95	67	89	68	12
3. Title XIX - Medicaid .....	2,625	2,129	2,006	2,623	2,920
4. Commissions and reinsurance expense allowance .....					
5. TOTAL Hospital and Medical Expenses .....	2,633	2,524	4,672	4,188	884
B. BALANCE SHEET ITEMS					
6. Premiums receivable .....					
7. Claims payable .....					
8. Reinsurance recoverable on paid losses .....	3,521	3,265	4,122	2,889	1,036
9. Experience rating refunds due or unpaid .....					
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....					
15. Trust agreements (T) .....					
16. Other (O) .....					
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

SCHEDULE S - PART 7  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	267,108,419		267,108,419
2. Accident and health premiums due and unpaid (Line 15) .....	41,423,567		41,423,567
3. Amounts recoverable from reinsurers (Line 16.1) .....	3,520,839	(3,520,839)	
4. Net credit for ceded reinsurance .....	X X X	3,520,839	3,520,839
5. All other admitted assets (Balance) .....	111,143,338		111,143,338
6. TOTAL Assets (Line 28) .....	423,196,163		423,196,163
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	226,281,510		226,281,510
8. Accrued medical incentive pool and bonus payments (Line 2) .....	9,379,675		9,379,675
9. Premiums received in advance (Line 8) .....	671,010		671,010
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	17,013,925		17,013,925
15. TOTAL Liabilities (Line 24) .....	253,346,120		253,346,120
16. TOTAL Capital and Surplus (Line 33) .....	169,850,043	X X X	169,850,043
17. TOTAL Liabilities, Capital and Surplus (Line 34) .....	423,196,163		423,196,163
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....			
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	3,520,839		
22. Other ceded reinsurance recoverables .....			
23. TOTAL Ceded Reinsurance Recoverables .....	3,520,839		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....			
30. TOTAL Ceded Reinsurance Payables/Offsets .....			
31. TOTAL Net Credit for Ceded Reinsurance .....	3,520,839		

SCHEDULE T - PART 2  
INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES

Direct Business only						
States, Etc.		1  Life (Group and Individual)	2  Annuities (Group and Individual)	3  Disability Income (Group and Individual)	4  Long-Term Care (Group and Individual)	5  Deposit-Type Contracts
						6  Totals
1.	Alabama (AL) .....					
2.	Alaska (AK) .....					
3.	Arizona (AZ) .....					
4.	Arkansas (AR) .....					
5.	California (CA) .....					
6.	Colorado (CO) .....					
7.	Connecticut (CT) .....					
8.	Delaware (DE) .....					
9.	District of Columbia (DC) .....					
10.	Florida (FL) .....					
11.	Georgia (GA) .....					
12.	Hawaii (HI) .....					
13.	Idaho (ID) .....					
14.	Illinois (IL) .....					
15.	Indiana (IN) .....					
16.	Iowa (IA) .....					
17.	Kansas (KS) .....					
18.	Kentucky (KY) .....					
19.	Louisiana (LA) .....					
20.	Maine (ME) .....					
21.	Maryland (MD) .....					
22.	Massachusetts (MA) .....					
23.	Michigan (MI) .....					
24.	Minnesota (MN) .....					
25.	Mississippi (MS) .....					
26.	Missouri (MO) .....					
27.	Montana (MT) .....					
28.	Nebraska (NE) .....					
29.	Nevada (NV) .....					
30.	New Hampshire (NH) .....					
31.	New Jersey (NJ) .....					
32.	New Mexico (NM) .....					
33.	New York (NY) .....					
34.	North Carolina (NC) .....					
35.	North Dakota (ND) .....					
36.	Ohio (OH) .....					
37.	Oklahoma (OK) .....					
38.	Oregon (OR) .....					
39.	Pennsylvania (PA) .....					
40.	Rhode Island (RI) .....					
41.	South Carolina (SC) .....					
42.	South Dakota (SD) .....					
43.	Tennessee (TN) .....					
44.	Texas (TX) .....					
45.	Utah (UT) .....					
46.	Vermont (VT) .....					
47.	Virginia (VA) .....					
48.	Washington (WA) .....					
49.	West Virginia (WV) .....					
50.	Wisconsin (WI) .....					
51.	Wyoming (WY) .....					
52.	American Samoa (AS) .....					
53.	Guam (GU) .....					
54.	Puerto Rico (PR) .....					
55.	U.S. Virgin Islands (VI) .....					
56.	Northern Mariana Islands (MP) .....					
57.	Canada (CAN) .....					
58.	Aggregate other alien (OT) .....					
59.	TOTALS .....					

NONE

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41	WellCare Health Plans Inc. ....	95310	06-1405640	.....	.....	.....	WellCare of Connecticut Inc. ....	CT	IA	WellCare of New York, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	95081	59-2583622	.....	.....	.....	WellCare of Florida Inc. ....	FL	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	59-3547616	.....	.....	.....	Comprehensive Health Management Inc. ....	FL	NIA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	14-1647239	.....	.....	.....	The WellCare Management Group, Inc. ....	NY	UIP	WCG Health Management, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	95534	14-1676443	.....	.....	.....	WellCare of New York Inc. ....	NY	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	20-3320236	.....	.....	.....	Harmony Behavioral Health Inc. ....	FL	NIA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	11229	36-4050495	.....	.....	.....	Harmony Health Plan Inc. ....	IL	IA	Harmony Health Systems, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	22-3391045	.....	.....	.....	Harmony Health Systems Inc. ....	IL	NIA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	36-4467676	.....	.....	.....	Harmony Health Management Inc. ....	IL	NIA	Harmony Health Systems, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	47-0937650	.....	0001279363	NYSE	WellCare Health Plans Inc. ....	FL	UIP	Shareholders				N	.....
	WellCare Health Plans Inc. ....	00000	04-3669698	.....	.....	.....	WCG Health Management Inc. ....	FL	UIP	WellCare Health Plans, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	10760	20-2103320	.....	.....	.....	WellCare of Georgia Inc. ....	GA	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	98-0448921	.....	.....	.....	Comprehensive Reinsurance Ltd. ....	CYM	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	10155	20-2383134	.....	.....	.....	WellCare Prescription Insurance Inc. ....	FL	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	12749	20-3562146	.....	.....	.....	WellCare of Ohio Inc. ....	OH	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	20-3262322	.....	.....	.....	Harmony Behavioral Health IPA Inc. ....	NY	NIA	Harmony Behavioral Health, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	20-4869374	.....	.....	.....	WellCare Pharmacy Benefits Management In	DE	NIA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	83445	86-0269558	.....	.....	.....	WellCare Health Insurance of Arizona Inc. ....	AZ	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	64467	36-6069295	.....	.....	.....	WellCare Health Insurance Company of Kentucky Inc. ....	KY	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	12956	11-3197523	.....	.....	.....	WellCare Health Insurance of New York Inc. ....	NY	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	13020	20-8017319	.....	.....	.....	WellCare Health Plans of New Jersey Inc. ....	NJ	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	12964	20-8058761	.....	.....	.....	WellCare of Texas Inc. ....	TX	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	20-8420512	.....	.....	.....	Exactus Pharmacy Solutions, Inc. ....	DE	NIA	WellCare Pharmacy Benefits Management	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	27-0386122	.....	.....	.....	Ohana Health Plans, Inc. ....	HI	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	27-4293249	.....	.....	.....	WellCare Health Plans of California, Inc. ....	CA	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	14404	45-3617189	.....	.....	.....	WellCare of Kansas, Inc. ....	KS	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	45-5154364	.....	.....	.....	WellCare Health Plans of Tennessee, Inc. ....	TN	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	45-3236788	.....	.....	.....	America's 1st Choice California Holdings, LLC	FL	NIA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	20-5327501	.....	.....	.....	Easy Choice Health Plan, Inc. ....	CA	IA	America's 1st Choice California Holdings, LLC	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	11775	32-0062883	.....	.....	.....	WellCare of South Carolina, Inc. ....	SC	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	12913	20-5862801	.....	.....	.....	Missouri Care, Incorporated	MO	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	27-4212954	.....	.....	.....	The WellCare Community Foundation	DE	NIA	WellCare Health Plans, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	62-1832645	.....	.....	.....	Windsor Health Group, Inc. ....	TN	NIA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	62-1530448	.....	.....	.....	Windsor Management Services, Inc. ....	TN	NIA	Windsor Health Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	15510	47-0971481	.....	.....	.....	WellCare Health Plans of Kentucky, Inc. ....	KY	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	15951	47-5456872	.....	.....	.....	WellCare of Nebraska, Inc. ....	NE	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	81-1631920	.....	.....	.....	WellCare of Pennsylvania, Inc. ....	PA	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	16117	81-3299281	.....	.....	.....	WellCare of Oklahoma, Inc. ....	OK	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	06-1742685	.....	.....	.....	One Care by Care 1st Health Plan of Arizona, Inc. ....	AZ	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	57-1165217	.....	.....	.....	Care 1st Health Plan Arizona, Inc. ....	AZ	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	46-2680154	.....	.....	.....	Care 1st Health Plan Administrative Services, Inc. ....	AZ	NIA	Care 1st Health Plan Arizona, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	16329	81-5442932	.....	.....	.....	WellCare of Mississippi, Inc. ....	MS	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	00000	82-0664467	.....	.....	.....	WellCare of Virginia, Inc. ....	VA	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....
	WellCare Health Plans Inc. ....	16239	82-1301128	.....	.....	.....	WellCare of Alabama, Inc. ....	AL	IA	The WellCare Management Group, Inc. ....	Ownership	100.0	WellCare Health Plans, Inc. ....	N	.....

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

4.1.1

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1199	WellCare Health Plans Inc. ...	00000	82-1246845	.....	.....	.....	Accountable Care Coalition of Arizona, LLC .....	AZ ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-5510251	.....	.....	.....	Accountable Care Coalition of Central Georgia, LLC .....	GA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	81-2588974	.....	.....	.....	Accountable Care Coalition of Chesapeake, LLC .....	MD ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4113655	.....	.....	.....	Accountable Care Coalition of Coastal Georgia, LLC .....	GA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1681146	.....	.....	.....	Accountable Care Coalition of Community Health Centers, LLC .....	TX ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1669422	.....	.....	.....	Accountable Care Coalition of Community Health Centers II, LLC .....	TX ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4537668	.....	.....	.....	Accountable Care Coalition of DeKalb, LLC .....	GA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	80.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-5481108	.....	.....	.....	Accountable Care Coalition of Georgia, LLC .....	GA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1623920	.....	.....	.....	Accountable Care Coalition of Southeast Partners, LLC .....	GA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1558080	.....	.....	.....	Accountable Care Coalition of Hawaii, LLC .....	HI ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-5449147	.....	.....	.....	Accountable Care Coalition of Maryland Primary Care, LLC .....	MD ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4119739	.....	.....	.....	Accountable Care Coalition of Maryland, LLC .....	MD ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	46-2881180	.....	.....	.....	Accountable Care Coalition of Mississippi, LLC .....	MS ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4105836	.....	.....	.....	Accountable Care Coalition of Mount Kisco, LLC .....	NY ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1263227	.....	.....	.....	Accountable Care Coalition of New Jersey, LLC .....	NJ ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4552802	.....	.....	.....	Accountable Care Coalition of North Texas, LLC .....	TX ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	47-3894436	.....	.....	.....	Accountable Care Coalition of Northeast Georgia, LLC .....	GA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4106526	.....	.....	.....	Accountable Care Coalition of Northwest Florida, LLC .....	FL ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1604548	.....	.....	.....	Accountable Care Coalition of North West Region, LLC .....	OR ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-1698885	.....	.....	.....	Accountable Care Coalition of North West Region II, LLC .....	OR ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-0727997	.....	.....	.....	Accountable Care Coalition of Pennsylvania, LLC .....	PA ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	47-3913308	.....	.....	.....	Accountable Care Coalition of South Carolina, LLC .....	SC ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	47-3843552	.....	.....	.....	Accountable Care Coalition of Southeast Texas, Inc. ....	TX ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4113610	.....	.....	.....	Accountable Care Coalition of Southeast Wisconsin .....	WI ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....
1199	WellCare Health Plans Inc. ...	00000	45-4546234	.....	.....	.....	Accountable Care Coalition of Syracuse, LLC .....	NY ..	NIA ..	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N ....	.....

SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tion- ship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1199	WellCare Health Plans Inc. ...	00000	82-1219279	.....	.....	.....	Accountable Care Coalition of Tennessee, LLC .....	TN	NIA	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-2742298	.....	.....	.....	Accountable Care Coalition of Texas, Inc. ....	TX	NIA	Collaborative Health Systems LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-4113780	.....	.....	.....	Accountable Care Coalition of the Tri-Counties, LLC .....	SC	NIA	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-4537584	.....	.....	.....	Accountable Care Coalition of Western Georgia, LLC .....	GA	NIA	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	80624	13-1851754	.....	.....	.....	American Progressive Life & Health Insurance Company of New York .....	NY	IA	Universal American Holdings, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	52-2134236	.....	.....	.....	APS Healthcare Holdings, Inc. ....	DE	NIA	APS Healthcare, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	54-1602622	.....	.....	.....	APS Healthcare, Inc. ....	DE	NIA	UAM/APS Holding Corp. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-4644722	.....	.....	.....	APS Parent, Inc. ....	DE	NIA	Universal American Holdings, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	30-0803845	.....	.....	.....	Chrysalis Medical Services, LLC .....	TX	NIA	Heritage Health Systems, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	81-3365375	.....	.....	.....	Collaborative Health Systems of Maryland, Inc. ....	MD	NIA	Collaborative Health Systems, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	81-3306594	.....	.....	.....	Collaborative Health Systems of Virginia, Inc. ....	VA	NIA	Collaborative Health Systems, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	90-0779287	.....	.....	.....	Collaborative Health Systems, LLC .....	NY	NIA	Universal American Corp .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	81-2602493	.....	.....	.....	Empire Collaborative Care, LLC .....	NY	NIA	Collaborative Health Systems, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-4561546	.....	.....	.....	Essential Care Partners, LLC .....	TX	NIA	Collaborative Health Systems, LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	62-1694548	.....	.....	.....	Golden Triangle Physician Alliance .....	TX	NIA	Heritages Health Systems of Texas Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	76-0459857	.....	.....	.....	Heritage Health Systems of Texas, Inc. ....	TX	NIA	Heritage Health Systems, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	62-1517194	.....	.....	.....	Heritage Health Systems, Inc. ....	TX	NIA	Universal American Corp .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	76-0560730	.....	.....	.....	Heritage Physician Networks .....	TX	NIA	Heritage Health Systems, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	76-0500964	.....	.....	.....	HHS Texas Management, Inc. ....	GA	NIA	Heritage Health Systems, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	76-0500963	.....	.....	.....	HHS Texas Management, LP .....	GA	NIA	Heritage Health Systems, Inc. ....	Ownership .....	99.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	47-3923394	.....	.....	.....	Hudson Accountable Care, LLC .....	NY	NIA	Collaborative Health Systems, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-4552092	.....	.....	.....	Maine Community Accountable Care Organization, LLC .....	ME	NIA	Maine Primary Care Holdings, LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-4679969	.....	.....	.....	Maine Primary Care Holdings, LLC .....	ME	NIA	Collaborative Health Systems LLC .....	Ownership .....	97.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	90-0855950	.....	.....	.....	Maryland Collaborative Care, LLC .....	MD	NIA	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	81-2704355	.....	.....	.....	Mid-Atlantic Collaborative Care, LLC .....	MD	NIA	Collaborative Health Systems LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-5626871	.....	.....	.....	Northern Maryland Collaborative Care, LLC .....	MD	NIA	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	95-3623226	.....	.....	.....	Penn Marketing America, LLC .....	DE	NIA	Universal American Financial Services .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	58-2633295	.....	.....	.....	Premier Marketing Group, LLC .....	DE	NIA	Penn Marketing America, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	13-3491681	.....	.....	.....	Quincy Coverage Corporation .....	NY	NIA	Universal American Holdings, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	10768	74-3141949	.....	.....	.....	SelectCare Health Plans, Inc. ....	TX	IA	Heritage Health Systems, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	10096	62-1819658	.....	.....	.....	SelectCare of Texas, Inc. ....	TX	IA	Heritage Health Systems, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	42-0989096	.....	.....	.....	UAM Agent Services Corp. ....	IA	NIA	Universal American Financial Services .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	26-0153605	.....	.....	.....	UAM/APS Holding Corp. ....	DE	NIA	APS Parent, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	27-4683816	.....	.....	.....	Universal American Corp. ....	DE	UIP	The WellCare Management Group, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	95-3800329	.....	.....	.....	Universal American Financial Services .....	DE	NIA	Universal American Holdings, LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-1352914	.....	.....	.....	Universal American Holdings, LLC .....	DE	UIP	Universal American Corp .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	45-5439406	.....	.....	.....	Virginia Collaborative Care, LLC .....	VA	NIA	Collaborative Health Systems LLC .....	Ownership .....	51.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	23-1913528	.....	.....	.....	Worlco Management Services, Inc. ....	NY	NIA	Worlco Management Services .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	47-2346408	.....	.....	.....	AWC of Syracuse, Inc. ....	NY	NIA	Collaborative Health Systems LLC .....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	16253	82-3169616	.....	.....	.....	WellCare Health Plans of Arizona, Inc. ....	AZ	IA	The WellCare Management Group, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	16344	82-3114517	.....	.....	.....	WellCare of Maine, Inc. ....	ME	IA	The WellCare Management Group, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	66-0888149	.....	.....	.....	WellCare of Puerto Rico, Inc. ....	PR	IA	The WellCare Management Group, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....
1199	WellCare Health Plans Inc. ...	00000	82-4598040	.....	.....	.....	WellCare Associate Assistance Fund, Inc. ....	FL	NIA	The WellCare Management Group, Inc. ....	Ownership .....	100.0	WellCare Health Plans, Inc. ....	N	.....



SCHEDULE Y  
PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp-any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic-iliary Loca-tion	Rela-tion-ship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
1199	WellCare Health Plans Inc. ...	16343	82-4247084	.....	.....	.....	WellCare Health Insurance Company of America .....	.. AR ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	16342	82-5127096	.....	.....	.....	WellCare National Health Insurance Company .....	.. TX ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	82-5488080	.....	.....	.....	WellCare of North Carolina, Inc. ....	.. NC ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	26-4004494	.....	.....	.....	Caidan Management Company, LLC ....	.. MI ..	... NIA ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	26-4004494	.....	.....	.....	Caidan Network Services, LLC .....	.. MI ..	... NIA ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-1280079	.....	.....	.....	Maryland Collaborative Care Transformation Organization, Inc. ....	.. DE ..	... NIA ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	13189	20-3209671	.....	.....	.....	Meridian Health Plan of Illinois, Inc. ....	.. IL ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	52563	38-3253977	.....	.....	.....	Meridian Health Plan of Michigan, Inc. ....	.. MI ..	... RE ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2069308	.....	.....	.....	WellCare of Washington, Inc. ....	.. WA ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	27-1339224	.....	.....	.....	MeridianRx, LLC .....	.. MI ..	... NIA ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	32-0408908	.....	.....	.....	MeridianRX IPA, LLC .....	.. NY ..	... NIA ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	26-4004578	.....	.....	.....	Caidan Holding Company .....	.. MI ..	... UDP ..	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2126269	.....	.....	.....	WellCare Health Insurance of Connecticut, Inc. ....	.. CT ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2126269	.....	.....	.....	WellCare Health Insurance of Tennessee, Inc. ....	.. TN ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2276159	.....	.....	.....	WellCare Health Plans of Vermont, Inc. ....	.. VT ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2797833	.....	.....	.....	WellCare of Arkansas, Inc. ....	.. AR ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2840051	.....	.....	.....	WellCare of Indiana, Inc. ....	.. IN ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....
1199	WellCare Health Plans Inc. ...	00000	83-2914327	.....	.....	.....	WellCare of New Hampshire, Inc. ....	.. NH ..	... IA ...	The WellCare Management Group, Inc. ....	Ownership .....	..... 100.0	WellCare Health Plans, Inc. ....	... N ....	.....

41.3

Asterisk	Explanation
0000001	.....

**SCHEDULE Y**  
**PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES**

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	*	Any Other Material Activity not in the Ordinary Course of the Insurer's Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
.. 52563 ..	.. 38-3253977 ..	MERIDIAN HLTH PLAN OF MI INC .....		.. 70,000,000	.....	.....	.. (572,165,625)	.....	.....	.....	.. (502,165,625)	.....
.. 13189 ..	.. 20-3209671 ..	MERIDIAN HLTH PLAN OF IL INC .....		.. 285,537,849	.....	.....	.. (662,127,429)	.....	.....	.....	.. (376,589,580)	.....
.. 00000 ..	.. 26-4004494 ..	CAIDAN MANAGEMENT COMPANY, LLC .....			.....	.....	.. 361,504,936	.....	.....	.....	.. 361,504,936	.....
.. 00000 ..	.. 27-1338224 ..	MERIDIANRX, LLC .....			.....	.....	.. 872,788,118	.....	.....	.....	.. 872,788,118	.....
.. 00000 ..	.. 26-4004578 ..	CAIDAN HOLDING COMPANY, INC. ....		.. (355,537,849)	.....	.....	.....	.....	.....	.....	.. (355,537,849)	.....
9999999 Control Totals .....									X X X			

Schedule Y Part 2 Explanation:

SUPPLEMENTAL EXHIBITS AND SCHEDULES
INTERROGATORIES

Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? Yes
2. Will an actuarial opinion be filed by March 1? Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? Yes
APRIL FILING
5. Will Management's Discussion and Analysis be filed by April 1? Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? Yes
JUNE FILING
8. Will an audited financial report be filed by June 1? Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? Yes
AUGUST FILING
10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1? Yes

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

- MARCH FILING
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? No
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? No
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? No
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1? No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1? No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1? No
APRIL FILING
20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? No
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? No
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1? Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1? No
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1? No
AUGUST FILING
26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? Yes

Explanation:

Bar Code:

Medicare Supplement Insurance Experience Exhibit
5256320183600000 2018 Document Code: 360

Health Life Supplement - March
52563201820500000 2018 Document Code: 205

Schedule SIS
5256320184200000 2018 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies
52563201837100000 2018 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5
52563201837000000 2018 Document Code: 370

Medicare Part D Coverage Supplement
52563201836500000 2018 Document Code: 365

Approval for Relief related to five-year rotation for lead Audit Partner
52563201822400000 2018 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA
52563201822500000 2018 Document Code: 225

SUPPLEMENTAL EXHIBITS AND SCHEDULES  
INTERROGATORIES (continued)

Approval for Relief related to Require. for Audit Committees



52563201822600000

2018

Document Code: 226

LTC Supplemental Interrogatories



52563201830600000

2018

Document Code: 306

Health Life Supplement - April



52563201821100000

2018

Document Code: 211

LHA Guaranty Association Reconciliation



52563201829000000

2018

Document Code: 290

LHA Guaranty Association Adjustment Exhibit



52563201830000000

2018

Document Code: 300

ASSETS

	Current Year			Prior Year
	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols.1-2)	Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....				
2504. ....				
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....				

STATEMENT OF REVENUE AND EXPENSES

	Current Year		Prior Year
	1 Uncovered	2 Total	3 Total
0604. ....	X X X .....		
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	X X X .....		
0797. Summary of remaining write-ins for Line 7 (Lines 0704 through 0796) .....	X X X .....		
1497. Summary of remaining write-ins for Line 14 (Lines 1404 through 1496) .....			
2997. Summary of remaining write-ins for Line 29 (Lines 2904 through 2996) .....			

STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year	2 Prior Year
4704. ....		
4705. 0 .....		
4797. Summary of remaining write-ins for Line 47 (Lines 4704 through 4796) .....		

UNDERWRITING AND INVESTMENT EXHIBIT  
PART 3 - ANALYSIS OF EXPENSES

	Claim Adjustment Expenses		3	4	5
	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	General Administrative Expenses	Investment Expenses	Total
2504. Bad Debt Expense .....			35,834,529		35,834,529
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....			35,834,529		35,834,529

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